



Attorney Docket No. 287300022USA

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD AND APPARATUS FOR DELIVERING RADIATION THERAPY DURING SUSPENDED VENTILATION

the specification of which (check one)

[] is attached hereto.

[X] was filed on November 23, 1999 as Application Serial No. 09/424,431
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the patentability of the invention claimed in this application, or information that is material to the examination of this application, in accordance with Title 37, Code of Federal Regulations, section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, section 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

				<u>Priority Claim</u>	
<u>PCTUS9810389</u> (Number)	<u>PCT</u> (Country)	<u>22 May 1998</u> (Day/Month/Year filed)	<u>X</u>	<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

DECLARATION AND POWER OF ATTORNEY

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States Provisional application(s) listed below:

PRIOR PROVISIONAL APPLICATIONS

60/063,454
(application serial number)

May 23, 1997
(Month / Day / Year filed)

(application serial number)

(Month / Day / Year filed)

I hereby claim the benefit under Title 35, United States Code, section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status - patented, pending, abandoned
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint Thomas T. Moga, Reg. No. 34,881, and each principal, attorney of counsel, associate and employee of Harness, Dickey & Pierce, P.L.C., who is a registered Patent Attorney, my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

Full name of sole or first inventor: John W. Wong

Inventor's signature: John

Date: Feb. 14, 2000

Residence: 726 Tennyson Downs Court, Bloomfield, Michigan 48304 ML

Citizenship: United States of America

Post Office Address: same as residence

DECLARATION AND POWER OF ATTORNEY

Full name of second joint inventor, if any: David A. Jaffray

Second Inventor's signature: D. A. Jaffray

Date: 17 February 2000

Residence: 2476 Lincoln Road, Windsor, Ontario, CANADA N8W 2R7

Citizenship: Canada CA

Post Office Address: same as residence

Full name of third joint inventor, if any: Michael B. Sharpe

Third Inventor's signature: M. B. Sharpe

Date: 14 FEB 2000

Residence: 2066 Vimy Avenue, Windsor, Ontario, CANADA N8W 1P3 CA

Citizenship: Canada

Post Office Address: same as residence

Full name of fourth joint inventor, if any: John R. Musselwhite

Fourth Inventor's signature: J. R. Musselwhite

Date: 17- FEB- 2000

Residence: 1814 Hebert, Tecumseh, Ontario N8N 4J4 CA

Citizenship: Canada

Post Office Address: same as residence

Full name of fifth joint inventor, if any: _____

Fifth Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

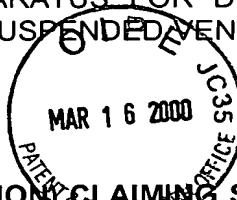
Post Office Address: _____

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16 MAR 2000
09/424431

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s) or Patentee: John W. Wong, David A. Jaffray and Michael B. Sharpe
Serial or Patent No.: 09/424,431
Filed or Issued: November 23, 1999
For: METHOD AND APPARATUS FOR DELIVERING RADIATION
THERAPY DURING SUSPENDED VENTILATION

Attorney Docket No.: 2873-000022/USA



VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: WILLIAM BEAUMONT HOSPITAL

ADDRESS OF ORGANIZATION: 3601 West 13 Mile Road
Royal Oak, Michigan 48073-6769

TYPE OF ORGANIZATION:

- [] University or other institution of higher education
[X] Tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3))
[] Nonprofit scientific or educational under statute of state of The United States of America

(Name of state: _____)

(Citation of statute: _____)

- [] Would qualify as tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3)) if located in The United States of America
[] Would qualify as nonprofit scientific or educational under statute of state of The United States of America if located in The United States of America

(Name of state: _____)

(Citation of statute: _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled **METHOD AND APPARATUS FOR DELIVERING RADIATION THERAPY DURING SUSPENDED VENTILATION** by inventors **John W. Wong, David A. Jaffray and Michael B. Sharpe** described in

- [] the specification filed herewith
[X] application serial no. 09/424,431 filed November 23, 1999
[] patentno. _____ issued _____

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) AND 1.27(d)) - NONPROFIT ORGANIZATION**

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME: _____

ADDRESS: _____

[] Individual [] Small Business Concern [] Nonprofit Organization

NAME: _____

ADDRESS: _____

[] Individual [] Small Business Concern [] Nonprofit Organization

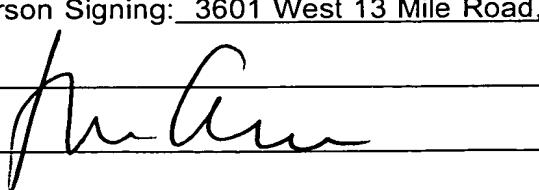
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person Signing: Thomas R. McAskin

Title in Organization: Director of Legal Affairs

Address of Person Signing: 3601 West 13 Mile Road, Royal Oak, Michigan 48073-6769

Signature:  Date: 2/18/00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. 2873-000022/USA

COVER SHEET FOR RECORDAL OF DOCUMENT (PATENT)

Hon. Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:



Pursuant to 37 C.F.R. 3.31, enclosed herewith is a document for recordal in this case. The following information is provided:

(1) Name Of Party Conveying The Interest:

John W. Wong
David A. Jaffray
Michael B. Sharpe
John R. Musselwhite

(2) Name And Address Of Party Receiving The Interest:

WILLIAM BEAUMONT HOSPITAL
3601 West 13 Mile Road
Royal Oak, Michigan 48073-6769

(3) Description Of The Transaction To Be Recorded:

Assignment License
 Change of Name Other _____

(4) Application(s) and/or Patent(s) Against Which Enclosure Is To Be Recorded:

Serial Number 09/424,431, filed November 23, 1999.
 Application being filed concurrently herewith.
 Patent Number _____, issued _____.

(5) Name And Address Of The Party To Whom Correspondence Concerning The Request To Record Should Be Mailed:

HARNESS, DICKEY & PIERCE, P.L.C.
P.O. Box 828
Bloomfield Hills, MI 48303

(6) **Number Of Applications and/or Patents Identified In The Cover Sheet And Total Recordal Fee:**

Number of Applications/Patents: . 1

Total Recordal Fee Enclosed: . . . \$40.00

(7) **Date(s) The Document Was Executed:** February 17, 2000

To the best of my knowledge and belief, the foregoing information is true and correct, and if the attached is not an original document, the undersigned verifies that it is a true copy of the original.

If, for some reason, Applicants have not paid a sufficient fee, please charge our Deposit Account No. 08-0750 for any further fees which may be due. A duplicate copy of this document is enclosed.

Respectfully submitted,

By: 

Thomas T. Moga
Reg. No. 34,881
Attorney for Applicants

Date: March 10, 2000